

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2012
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1028 MCFARLAND STREET MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The annual recertification survey and complaint survey #27900 & 28254 was conducted on September 24-27, 2012, at The Heritage Center. No deficiencies were cited in relation to complaint #28254 under 42 CFR PART 482.13, Requirements for Long Term Care.	F 000			
F 309 SS=D	483.26 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to follow a physician's order for one resident (#133) of forty-two residents reviewed. The findings included: Resident #133 was re-admitted to the facility on February 22, 2011, with diagnoses including Alzheimer's Disease, Dementia, Adult Failure to Thrive and Abnormal Weight loss. Medical record review of the resident's quarterly bowel and bladder assessments from re-admission to present (February 22, 2011 through September 27, 2012) revealed the resident had been continent of bowel in bladder	F 309	F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING <u>CORRECTIVE ACTION:</u> Resident #133's bowel were reviewed on 9/27/2012 with normal patterns noted from June 2012 through July 2012. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> An audit was conducted of medication administration records for all residents having routine laxatives order with no omissions noted. <u>SYSTEMIC CHANGES:</u> All residents having routine laxative orders will have medication administration records audited weekly x 4 weeks, then 2 times monthly x 2 months. <u>MONITORING:</u> All audits results will be reported to the Director of Nursing or designee weekly x 4 weeks, then monthly x 2 months. The Director of Nursing will report audit results to the Performance Improvement Committee monthly x 3 months for review and recommendations.	09/27/12 09/27/12 11/11/12 11/11/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Robert C. Bernal

Executive Director

10/9/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>until a recent decline, documented on the August 20, 2012, assessment, when the resident's bowel and bladder status changed to incontinent. Continued medical record review of the attending physician's notes revealed the physician had communicated with the family on more than one occasion and the resident's decline, was "...an expected course of disease..."</p> <p>Medical record review of a physician's order dated March 2, 2011, revealed an order for Bisacodyl (laxative) 10mg (milligrams) po (by mouth) qod (every other day).</p> <p>Medical record review of the Medication Administration Records (MAR) for January 2012 through September 2012, revealed the facility failed to administer the laxative as ordered during the months of June and July 2012, resulting in 31 missed doses of the medication.</p> <p>Interview with Licensed Practical Nurse (LPN)#2, on September 27, 2012, at 9:35 a.m., in the 100 hall, at the medication cart, confirmed the medication order was active, and the medication continued to be administered every other day. Review of the September 2012 MAR on the medication cart confirmed the medication was being administered every other day.</p> <p>Interview with the Director of Nursing on September 27, 2012, at 9:58 a.m., in the conference room, confirmed the laxative omission occurred thirty one times during June and July of 2012, resulting in thirty one missed medication doses.</p> <p>C/O #27900</p>	F 309			

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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility to ensure a safety device was in place for one (#66) of forty-two sampled residents.</p> <p>The findings included:</p> <p>Resident #56 was readmitted to the facility on January 31, 2009, with diagnoses including Difficulty in Walking, Muscle Weakness, and Osteoarthritis.</p> <p>Medical record review and review of documents provided by the facility revealed the resident sustained a skin tear resulting from a fall from the bed on August 30, 2012. The interventions put in place following the fall were to apply fall mats to the bedside.</p> <p>Observation with Registered Nurse (RN) #1 on September 26, 2012, at 11:00 a.m., revealed the resident lying in a low bed. Interview at that time confirmed the fall mats were not in place at bedside.</p>	F 323	<p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p><u>CORRECTIVE ACTION:</u> Fall mats were immediately placed at bedside for resident #56 by RN #1 when identified on 9/26/2012. All staff were in-serviced on placement of mats at bedside as ordered on 9/26/12.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All other residents having fall mats ordered at bedside were observed with fall mats in place as ordered on 9/26/12. Facility conducted audit x2 on 9/26/12.</p> <p><u>SYSTEMIC CHANGES:</u> All residents having orders for fall mats at bedside will be audited for compliance q 4 hours daily x 30 days then 3x daily for 60 days.</p> <p><u>MONITORING:</u> All audits results will be reported to the Director of Nursing or designee weekly for review. All audit results will be reported to the Performance Improvement Committee x 3 months for review and recommendations.</p>	09/26/12 09/26/12 11/11/12 11/11/12	
F 502	483.75(j)(1) ADMINISTRATION	F 502			

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F 502 SS=D	<p>Continued From page 3</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain laboratory services as ordered by the physician for one (#86) of forty-two sampled residents.</p> <p>The findings included:</p> <p>Resident #86 was admitted to the facility on May 10, 2007, with diagnoses including Stroke, Transient Cerebral Ischemias, and Dementia.</p> <p>Medical record review revealed a physician's order for Depakene (anticonvulsant medication) 125 mg. twice daily. Further review revealed a physician order dated February 27, 2011, to obtain devalproex sodium serum level (to assess level of Depakene) every six months in June and December. Further review revealed a physician's order dated June 2012 to obtain the devalproex sodium level.</p> <p>Medical record review revealed no documentation the lab was obtained in June 2012.</p> <p>Interview with the Director of Nursing (DON) in the DON's office on September 26, 2012 at 11:10 a.m., confirmed the lab had not been obtained as ordered by the physician.</p>	F 502	<p>F502 ADMINISTRATION</p> <p><u>CORRECTIVE ACTION:</u> Resident #86's physician was immediately notified regarding lab orders for a Depakene level. This lab was obtained on 9/26/2012.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> An audit of all residents having orders for routine labs from 8/27/2012 through 9/26/2012 was conducted with no further omissions noted.</p> <p><u>SYSTEMIC CHANGES:</u> All lab orders will be audited daily x 3 months for results and follow up.</p> <p><u>MONITORING:</u> All audits results will be reported to the Director of Nursing or designee weekly for review weekly x 4 weeks then 2x monthly x 2 months. All audit results will be reported to the Performance Improvement Committee x 3 months for review and recommendations.</p>	09/26/12	09/26/12
				11/11/12	11/11/12